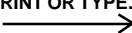


This form will be the basic record of YOUR ACCOUNT. **DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES THAT EXCEED \$100.00.** Please read the **INSTRUCTIONS** on the back before completing this form. **PLEASE PRINT OR TYPE.**  
Return this form to: 

EMPLOYMENT DEVELOPMENT DEPARTMENT  
ACCOUNT SERVICES GROUP, MIC 28  
P.O. BOX 826880  
SACRAMENTO CA 94280-0001  
(916) 654-7041 / FAX (916) 654-9211

## REGISTRATION FORM FOR NON-PROFIT EMPLOYERS

D E P T U S E	ACCOUNT NUMBER						QUARTER		ETCSO		FED CODE		ON-LINE PROCESS DATE	TAS CODE

<b>A. BUSINESS NAME</b>				<b>DATE OWNERSHIP BEGAN OPERATING</b> MONTH:      DAY:      YEAR:		<b>FEDERAL I.D. NUMBER</b>	
<b>B. ORGANIZATION OR CORPORATION NAME</b>						<b>CALIFORNIA CORP. I.D. NO.</b>	
List all officers names			<b>TITLE</b> Indicate officer title		<b>SOCIAL SECURITY NUMBER</b>		<b>DRIVER'S LICENSE NUMBER</b>
<b>C. BUSINESS LOCATION</b> Street and Number (see instructions)				<b>CITY OR TOWN</b>		<b>STATE</b>	<b>ZIP CODE</b>
							<b>COUNTY</b>
<b>FAX NUMBER:</b>				<b>E-MAIL ADDRESS</b>			
<b>MAILING ADDRESS</b> (in care of P.O. Box or Street and Number)				<b>CITY OR TOWN</b>		<b>STATE</b>	<b>ZIP CODE</b>
							<b>PHONE NUMBER</b> (      )
<b>D. HAS THE ORGANIZATION EVER BEEN REGISTERED WITH THE DEPARTMENT?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES			<b>IF YES, ENTER EMPLOYER ACCOUNT NUMBER, BUSINESS NAME AND ADDRESS</b> ACCT NO.      BUSINESS NAME      ADDRESS				
<b>E. Indicate first quarter and year in which wages exceeded \$100.</b> <input type="checkbox"/> Jan.-Mar. 20__ <input type="checkbox"/> Apr.-June 20__ <input type="checkbox"/> July-Sept. 20__ <input type="checkbox"/> Oct.-Dec. 20__				<b>F. Will you be subject to Federal monthly/semi-weekly deposits?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>G. ORGANIZATION TYPE</b> <input type="checkbox"/> (CP) CORPORATION <input type="checkbox"/> (AS) ASSOCIATION <input type="checkbox"/> (OT) OTHER (Specify) _____			<b>Number of Employees</b>		<b>H. Would you like information on the following Unemployment Insurance alternative financing methods?</b> <input type="checkbox"/> No <input type="checkbox"/> Cost of Benefits		
<b>I. EMPLOYER TYPE</b> <input type="checkbox"/> (02) Non Profit <input type="checkbox"/> (03) Non Profit 501 C3 <input type="checkbox"/> (04) Non Profit School <input type="checkbox"/> (10) Church or religious orders <input type="checkbox"/> (20) Red Cross			<b>J. Briefly describe your non-profit activity.</b>				
<b>K. CONTACT PERSON FOR BUSINESS</b>			<b>NAME</b>		<b>TITLE</b>		<b>ADDRESS</b>
							<b>PHONE</b> (      )
<b>L. SUPPORTIVE SERVICES</b> If you are part of a larger organization and you are primarily engaged in providing supportive services to other establishments of the larger organization, check one of these boxes. (1) <input type="checkbox"/> Control Administrative (headquarters, etc.)      (3) <input type="checkbox"/> Storage (warehouse)      (5) <input type="checkbox"/> Does not apply (2) <input type="checkbox"/> Research, development, or testing      (4) <input type="checkbox"/> Other (specify) _____							
<b>M. Is this a(n):</b> <input type="checkbox"/> New business <input type="checkbox"/> On-going business just purchased ( <input type="checkbox"/> All <input type="checkbox"/> Part ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Change in form – (incorporation, merger, etc.) <b>IF THE BUSINESS WAS PREVIOUSLY OWNED, PROVIDE THE FOLLOWING INFORMATION:</b> Previous Owner      Business Name      Purchase Price      Date of Transfer      EDD Account Number							
<b>N. DECLARATION</b> These Statements are hereby declared to be correct to the best knowledge and belief of the undersigned. Signature _____ Date _____ Residence Phone (      ) Title _____ Residence Address _____ (Officer, Administrator, etc.)      Street      City      State      ZIP Code							

## INSTRUCTIONS FOR REGISTRATION FORM FOR NON-PROFIT EMPLOYERS

An employer is required by law to file a registration form with the Employment Development Department (EDD) within **fifteen (15) calendar days** after paying over \$100 in wages for employment in a calendar quarter, or whenever a change in ownership occurs. Please complete all items on the front of this DE 1NP and mail to the address shown on the front of this form.

- A. BUSINESS NAME** — Give the name by which your business is known to the public. Enter “None” if no business name is used. Enter the date the new ownership began operating. Enter Federal Employer Identification Number(s). If not assigned, enter “Applied For.”
- B. ORGANIZATION OR CORPORATION NAME** — Enter name of the organization or corporation. If business is a corporation, enter exactly as spelled and registered with the Secretary of State, include California corporate identification number. Enter the first name, middle initial, last name, title, Social Security Number, and driver’s license number for each corporate officer.
- C. BUSINESS LOCATION** — Enter the California address and county where the business shown in Item A is physically conducted. If more than one California location, list on a separate sheet and attach to this form. Enter the mailing address where EDD correspondence and forms should be sent. If this address is the same as the business location, enter “Same.” Provide daytime business phone number, FAX number and E-Mail address, for the ownership in item B.
- D. PRIOR REGISTRATION** — If any part of the ownership, as shown in Item B, is operating or has ever operated at another location, check “Yes” and provide account number, business name, and address.
- E. WAGES** — Check the box for the quarter in which you first paid over \$100 in wages.
- F. PIT WITHHOLDING** — Check appropriate box. If you are not sure if you are subject to federal monthly/semi-weekly Personal Income tax deposits, contact your an Employment Tax Customer Service representative at 1-888-745-3886.
- G. ORGANIZATION TYPE** — Check the box that best describes the legal form of the ownership shown in Item B.
- H. ALTERNATIVE FINANCING** — If you would like information on alternative methods of financing unemployment insurance, check the appropriate box; otherwise check, “No.” Check yes or no for disability coverage.
- I. EMPLOYER TYPE** — Check the box that best describes the employer type. Enter total number of employees for the ownership shown in Item B.
- J. ACTIVITY** — Briefly describe the non-profit activity your employing entity is engaged in.
- K. CONTACT PERSON** — Enter the name, title and phone number of the person authorized by the ownership shown in Item B to provide information to EDD staff.
- L. SUPPORTIVE SERVICES** — Check the box which best describes the supportive services provided in Item B.
- M. STATUS OF BUSINESS** — Check the box that best describes why you are completing this form. If the business was previously owned, provide owner and business name, purchase price, date ownership was transferred to this ownership and EDD account number.

**N. DECLARATION** — This declaration should be signed by one of the officers shown in Item B.

**NEED MORE HELP OR INFORMATION?** Call Account Services Group (ASG) in Sacramento at (916) 654-7041 with questions regarding this form or the registration and account number assignment process. If you have questions about whether your business entity is subject to reporting and paying state payroll taxes, contact the nearest Employment Tax Customer Service Office (ETCSO) listed in your local telephone directory under State Government, Employment Development Department or call an Employment Tax Customer Service representative at 1-888-745-3886. For TTY (nonverbal) access, call 1-800-547-9565.

Three options for obtaining a new employer account number are available: by mail, by calling (916) 654-8706 to obtain your account number over the phone, or by fax service at (916) 654-9211. All three options require that a registration form be completed and faxed or mailed to: Employment Development Department, Account Services Group, MIC 28, P.O. Box 826880, Sacramento, CA 94280-0001.

We will **notify** you of your **EDD Account Number** by mail. To help you understand your tax withholding and filing responsibilities you will be sent a **California Employer’s Guide, DE 44**. Please keep your account status current by notifying ASG of all future changes to the original registration information.

# I dreamt the government was here to help...

- *Understand who, what, how, and when to report state employment taxes.*
- *Avoid common pitfalls and costly mistakes.*
- *Control unemployment insurance costs.*
- *Learn the differences between independent contractors and employees.*
- *Discover services and resources, available at no additional cost.*

Make this dream a reality. Attend an Employment Tax seminar designed especially for employers, sponsored by the Employment Development Department. Please complete and mail the bottom portion of this form to the Employment Development Department, P.O. Box 2068, Rancho Cordova, CA 95741-2068 or fax to (916) 464-3504. We will contact you regarding the date, time, and location of the next seminar.

If you would like more information, please call (916) 464-3502 or visit EDD's Web site at [www.edd.ca.gov](http://www.edd.ca.gov)



Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP Code

Telephone:(\_\_\_\_\_)\_\_\_\_\_FAX: (\_\_\_\_\_)\_\_\_\_\_

## Preferred time and place to attend a seminar:

Day of week: Mon Tue Wed Thu Fri Sat (circle one)

Time of day: Morning Afternoon Evening (circle one)

Preferred city or area: \_\_\_\_\_

# *The dream is real.*

EDD is an equal opportunity employer/program. Special requests for accommodation need to be made two weeks prior to the event by calling the above information number.

